

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 815 Slaters Lane		Amount 294027.25	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 001
Purpose of Expenditure Media Placement	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate Ashford, Brad, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought 1093717.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Something Else Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 212 Golden Willow Court		Amount 15000.00	
City Easley	State SC	Zip Code 29642	Transaction ID : 002
Purpose of Expenditure Media Production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016	
Name of Federal Candidate Ashford, Brad, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought 1108717.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	309027.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 02 / 2016

Signature

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(Schedule E)

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Something Else Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 212 Golden Willow Court		Amount 19000.00	
City Easley	State SC	Zip Code 29642	Transaction ID : 003
Purpose of Expenditure Media Production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016	
Name of Federal Candidate Ashford, Brad, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought 1127717.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	328027.25

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM	DD	YYYY
11	02	2016

Signature